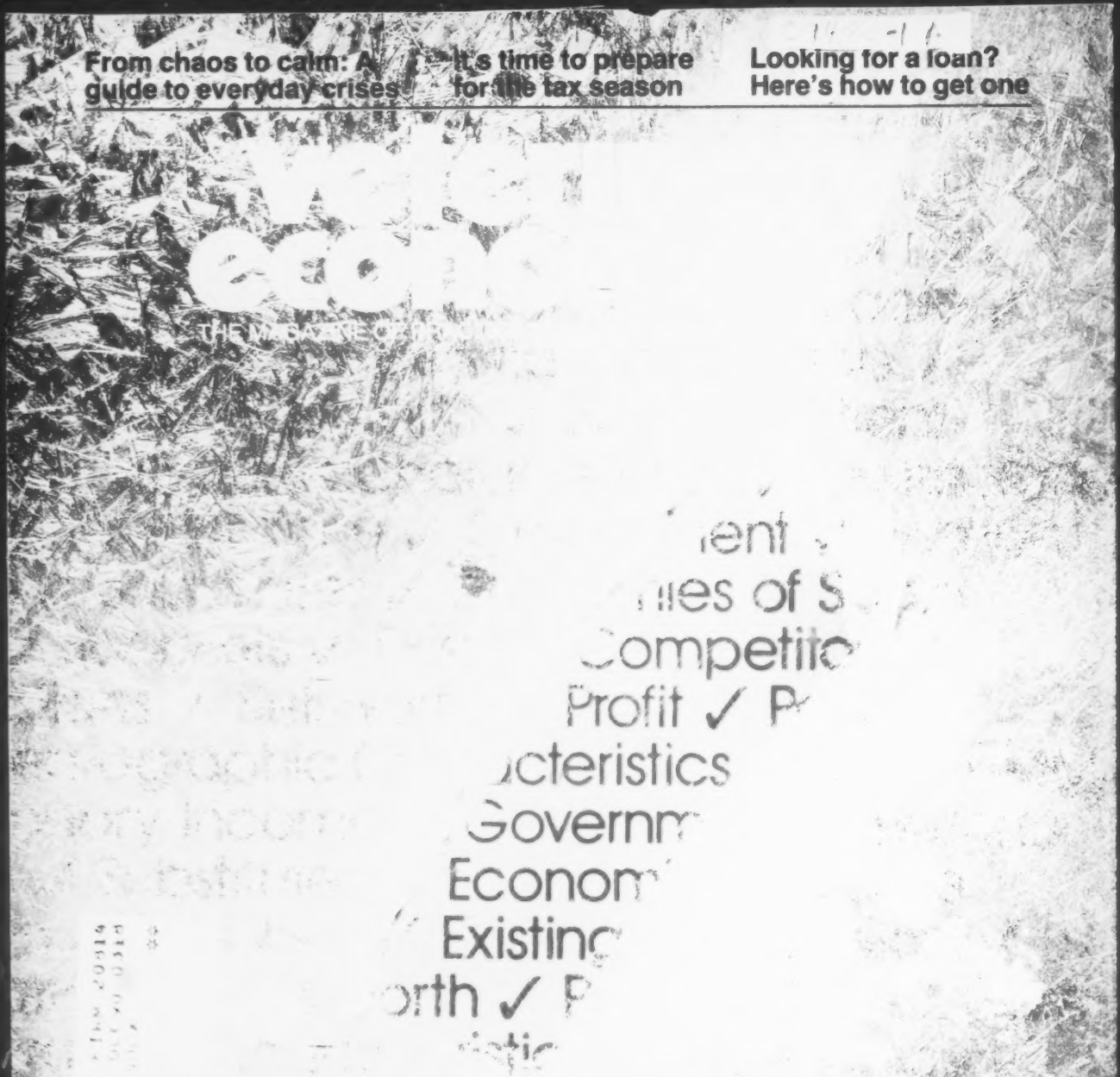
From chaos to calm: A guide to everyday crises

It's time to prepare for the tax season

Looking for a loan? Here's how to get one



EERING INTO YOUR PRACTICE:
YOU SEEING THE BIG PICTURE?

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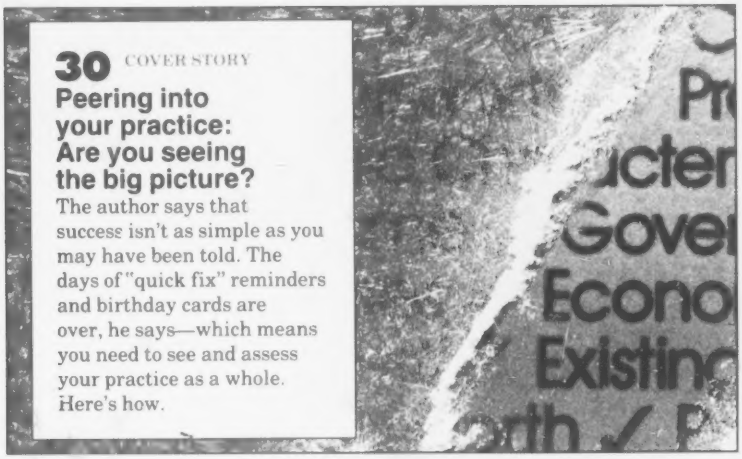

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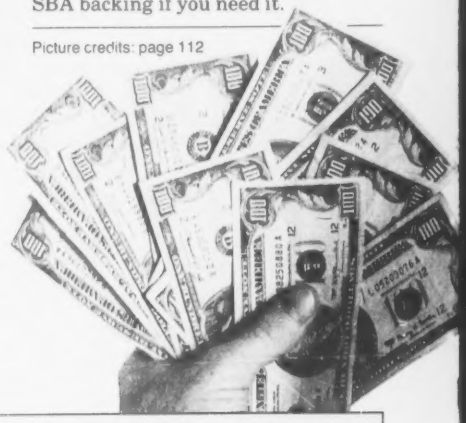

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MEMO FROM THE EDITOR

The importance of Sam, part two

Last December, I used this space to write about my mom's cat, Sam. It's become somewhat of a tradition for me to write a more personal column in December, and the reasons are the same every year: By Thanksgiving, I've just about beaten the economic drum to death on this page, and I figure that both you and I could use a break. It helps, of course, that there are almost as many pets in my family as there are people, so there's always a story or two to tell.

That's why it took me by surprise when management consultant Don Dooley called and asked if my December column was the "start of something big," and if I realized that I'd hit on the crux of what's wrong and what's right about veterinary medicine. When I asked him to explain, he said that if veterinarians really understood the bond between people and their pets, they would *never* hesitate to offer top-of-the-line medical care. Veterinarians, he said, seem to be the last to believe that people are extremely attached to their pets.

Dooley went on to say that if veterinarians believed in the human-animal bond, they would have a compelling and irrefutable reason to believe in themselves. The resulting self-esteem would have all sorts of positive ramifications—emotional, intellectual, *and* economic. My mom, you see, is not paying her veterinarian for some overpriced service that ultimately doesn't matter. She is paying him to do everything he can to keep a member of her family healthy and alive.

If you need proof that any of this is true, look around. Take note that in a recent "20/20" segment on high-tech pet care, veterinary costs took a back seat to the tears and laughter that surround delicate and successful procedures on cherished pets. Take some time to read up on (or better yet, witness) the effect pets have on autistic children and elderly nursing-home residents. And just look at your clients for a minute. Do you really believe it when a gruff old man cradling his pet says that the animal is just "a crazy old dog that my wife made me bring in"?

Becky Turner

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reasonable to ask clients to pay $30 for "a retrovirus panel," instead of $20 for the FeLV only. You've read about the incidences of both FeLV and FIV (see the box below), and you would like to determine for yourself just how many FIV-positive cats there are in your neck of the woods.

Based on this premise, you test 10 cats per week for both diseases at $30 each for 50 weeks per year. This generates $15,000 in gross income. By increasing the cost of this testing to your clients by 50 percent, you have multiplied the volume of information by 200 percent. Not a bad deal, eh?

Of course, you've established that the combination test kits cost about $5 more than the single tests, so you'll spend $2,500 more per year (500 x $5) for test kits. The combination test, however, requires the same amount of technician time to run as the solo test. Therefore, you incur only one additional cost to acquire double the volume of diagnostic information. The $12,500 you earn is still a better return on your investment than you were making before.

If you need more convincing before you start performing these tests on all patients and charging the higher fee, here's a suggestion: Mark up the combination test costs by only $5 for a few weeks. I think the increased volume of diagnostic information you receive will convince you of the value of combination testing. After all, the worst that will happen is that you'll break even while performing an epidemiological study of FIV in your own practice. When you are convinced of the clinical value of the testing, increase the price to a point within your comfort zone.

You also might take into consideration the health-care ramifications. Your current lack of in-

HOW MANY GO UNTREATED?

Information accumulated at the University of California-Davis, Colorado State University, the Cornell Feline Health Center, and the University of Glasgow (see table) indicates that when sick cats seen by clinicians at these universities were tested for FeLV and FIV, the incidence of FIV was almost identical to the incidence of FeLV. When these results are cumulated, the average incidence in *sick* cats is 15 percent for FeLV and 14.8 percent for FIV, based on tests from 4,715 cats. We can assume then, that if only 20 percent of veterinary practitioners in the United States test regularly for FIV, tremendous numbers of undiagnosed FIV-positive cats exist in the population.

Large numbers of hard facts are not available to accurately define the incidence of these two diseases in a population of asymptomatic household cats. Dr. Niels Pedersen estimates, however, that 6 to 8 percent of cats in the United States carry FIV; reports from other sources estimate that this virus infects 22 percent of cats in France, 30 percent in Japan, 13 percent in Great Britain, and 4 percent in Switzerland and the Netherlands.

SELECTED REPORTS OF FELV/FIV INCIDENCE[1]

	FIV	FeLV	Both	Sample Size
U.C. Davis	14%	13%	2.1%	2,254[2]
Colorado State	7	11	0.5	427
Cornell Feline Health Center[3]	13	19	0.7	830
University of Glasgow	19	18	3.0	1,204

1 Studies were conducted on sick cats.
2 For those cates tested for FeLV, the sample size was 1,609.
3 Samples were submitted for FeLV diagnosis on symptomatic cats.

Variations in smaller geographical areas of the United States and the world are likely to be significant. It is probably fair to assume, though, that somewhere between 5 to 10 percent of the general feline population carries FeLV, a nearly equal number are infected with FIV, and 0.3 to 0.8 percent have both. If we assume that, in the next year, each FIV positive cat will infect just one additional cat in the household or neighborhood, we can easily see that the opportunity for increasing the incidence of FIV in the overall cat population is a major threat.